

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

ALTERNATIVE HEALTH PLANS OFFERED AND ASSURANCES THAT
RECIPIENTS RECEIVING TRANSITIONAL MEDICAL ASSISTANCE HAVE
ACCESS TO SERVICES OF ADEQUATE QUALITY

A. INITIAL 6-MONTH TRANSITION

1. The Department of Human Services will notify a family of its right to receive transitional medical assistance benefits as part of the notice of termination of AFDC due to employment.
2. Medical assistance during the initial 6-month transitional period will be of the same amount, duration, and scope as it would be if the family were still receiving AFDC.
3. The Department will:
 - (a) Require all family caretakers to apply for employer health coverage if the family is not already covered;
 - (b) Pay a family's expenses for health insurance premiums offered by the employer of the family's caretaker or the employer of the absent parent of a child in the family;
 - (c) Cover with Medicaid funds all additional Medicaid services not provided by the employer coverage, and
 - (d) Provide the family with regular Medicaid coverage including the period prior to the employer's plan taking effect, if the employer does not offer a group health plan or if the family is not already covered.
4. The Department will provide a family with advance notice of termination of the transitional medical assistance and will determine whether children remain eligible for continued medical assistance under other Medicaid provisions before terminating their coverage.

B. SECOND 6-MONTH TRANSITION

1. The Department will offer an additional 6 months of transitional medical assistance to each family which received the initial 6-month coverage.
2. During the second 6-month transitional period, the Department will not provide medical assistance for non-acute care benefits described in item 3.7(b) of this plan.
3. The Department will continue paying the employee's share of the health insurance benefits for the additional extended coverage or, if the employer does not have a health plan, will provide Medicaid coverage except for non-acute items and services described in section 3.7(b) of this plan.
4. The Department will not pay any deductibles and coinsurance, except to pay cost-sharing or provide coverage under Medicaid without any cost-sharing for those services covered in Section 1923 (b)(4) (E) of Public Law 100-485, which includes:
 - (a) Services related to pregnancy (including prenatal, delivery, and post-partum services), and
 - (b) Ambulatory preventive pediatric care (including ambulatory early and periodic screening, diagnosis, and treatment services for qualified children).
5. Prior to termination of coverage, the Department will determine if children are eligible for continued Medicaid eligibility, including "medically needy" categories.